



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF ELECTRICAL EXAMINERS

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INSPECTOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS FOR CURRENT OR PAST EMPLOYER

- The person named below is requesting verification of their current or past work experience, specifically in residential, commercial, or industrial wiring, while employed by your firm.
- Please complete the **EMPLOYMENT AND EXPERIENCE INFORMATION** section. Sign this form and return to your current or former employee as soon as possible.

INSTRUCTIONS FOR AGENCY'S INSPECTOR

- Complete the **INSPECTOR INFORMATION** section of this form and have your current or former employer complete the rest of the form in order to verify your required work experience. Make sure the form is complete, signed, and returned to you. This form must be uploaded with the Inspection Agency's application for licensure.
- If an employer is unable to be reached or unable to verify your employment, you may submit a tax form W-2 or tax Schedule C (for self-employment) along with an explanation as to what your experience is and why you could not get the form completed.

INSTRUCTIONS FOR THE INSPECTION AGENCY (Applicant)

- Ensure that the signed form(s) show the inspector's work experience and is equals at least seven years in residential, commercial or industrial wiring.
- Upload the complete and signed form(s) for each inspector listed on your application in DELPROS.

INSPECTOR INFORMATION

1. Name of Inspector: _____
2. Address: _____
City: _____ State: _____ Zip Code: _____
3. Phone: _____ Email: _____

EMPLOYMENT AND EXPERIENCE INFORMATION

1. Firm Name (current or past employer): _____ State (of employment): _____
2. Supervisor's Name: _____ Phone: _____
3. Dates of Employment: _____
4. Describe the types of electrical work the current or present employee performed during your employ:

CERTIFICATION

I certify that the information provided about the inspector above is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

SIGNATURE: _____ **Date:** _____

Printed Name: _____

UPLOAD THIS FORM WITH YOUR APPLICATION IN DELPROS ONLINE PORTAL